

Health Status (HE) Section

BOX_01
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| NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU |
| MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK |
| THIS SECTION FOR DECEASED PERSONS. |
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| NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY |
| ROUND. |
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| NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, |
| AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS |
| NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES |
| ARE AS FOLLOWS: |
| 1 = LESS THAN 1 YEAR OLD |
| 2 = 1-4 |
| 3 = 5-15 |
| 4 = 16-23 |
| 5 = 24-34 |
| 6 = 35-44 |
| 7 = 45-54 |
| 8 = 55-64 |
| 9 = 65 YEARS OLD OR OLDER |
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HE01
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{STR-DT}
{END-DT}
The next few questions are about difficulties people may have
with everyday activities such as getting around, bathing or
taking medications. We are interested in difficulties due to
an impairment or a physical or mental health problem.
{Also, please keep in mind that we are only interested in
difficulties family members may have had between (START DATE)
and (END DATE).}
Does anyone in the family receive help or supervision using
the telephone, paying bills, taking medications, preparing
light meals, doing laundry, or going shopping?
YES ..... 1
NO ..... 2 {HE04}
REF ..... -7 {HE04}
DK ..... -8 {HE04}
PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

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| DISPLAY 'Also, please keep in mind that we are |
| only interested in difficulties family members may |
| have had between (START DATE)and (END DATE).' IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
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| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |

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| HE02 BY CAPI AND GO TO HE04 |
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| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE02 |
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HE02
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{STR-DT}
{END-DT}
HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING
MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING
SHOPPING.

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Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
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| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
| SUPPLEMENT: IADL SECTION. |
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LOOP_01
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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK HE03 - END_LP01 |
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| LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS |
| < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH |
| INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF |
| AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH |
| PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP WITH INSTRUMENTAL |
| ACTIVITIES OF DAILY LIVING (I.E., PERSON |
| SELECTED AT HE02) |
| - PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3 |
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HE03
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(Do/Does) (PERSON) receive help or supervision using the

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telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping **because of an impairment or a physical or mental health problem?**

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
SUPPLEMENT: IADL SECTION.

END_LP01

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| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH HE04

HE04

=====

{STR-DT}

{END-DT}

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

YES 1
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
HE05 BY CAPI AND GO TO BOX_02

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
WITH HE05

HE05

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{STR-DT}

{END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING |
DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: ADL SECTION.

LOOP_02
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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE06 - END_LP02

| LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS |
| < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) |
| BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL |
| HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS |
| WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, |
| THAT IS, THE PERSON IS SELECTED AT HE05) |
- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE06
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(Do/Does) (PERSON) receive help or supervision with personal
care such as bathing, dressing or getting around the house
**because of an impairment or a physical or mental health
problem?**
YES 1
NO 2
REF -7
DK -8
PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
SUPPLEMENT: ADL SECTION.

END_LP02
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| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_02 |
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BOX_02
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| IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH |
| HE07 |
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| IF ROUND 2 OR ROUND 4, GO TO HE26 |
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HE07
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{STR-DT}
{END-DT}
Does anyone in the family use any aids such as a walker, grab
bars in the bathtub or any other special equipment for
personal care or everyday activities?
  YES ..... 1
  NO ..... 2 {HE09}
  REF ..... -7 {HE09}
  DK ..... -8 {HE09}
  PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.
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| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08 |
| BY CAPI AND GO TO HE09 |
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| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE08 |
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HE08
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{STR-DT}
{END-DT}
USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY
OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY
ACTIVITIES.
Who is that?
PROBE: Does anyone else use any aids for personal care or
everyday activities?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
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- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
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| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
AIDS/SPECIAL EQUIPMENT SECTION.

HE09

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{STR-DT}

{END-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES 1
NO 2 {HE19}
REF -7 {HE19}
DK -8 {HE19}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' |
AT HE10 BY CAPI AND GO TO LOOP_03

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
WITH HE10

HE10

=====

{STR-DT}

{END-DT}

DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: FUNCTIONAL LIMITATIONS SECTION.

LOOP_03

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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE11 - END_LP03

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| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
| THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS |
| PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF |
| AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
| FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON |
| SELECTED AT HE10) |
| - PERSON = OR > 13 YEARS OF AGE OR IN AGE |
| CATEGORIES 4-9 |
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BOX_03

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OMITTED.

HE11

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
{For these next questions, I would like you to think about the
time when (PERSON) entered the institution and what (PERSON)
was able to do at that time.}
Please look at this card and tell me how much difficulty
(do/does) (PERSON) have lifting something as heavy as 10
pounds, such as a full bag of groceries? Would you say no
difficulty, some difficulty, a lot of difficulty, or
completely unable to do it?
NO DIFFICULTY ..... 1
SOME DIFFICULTY ..... 2
A LOT OF DIFFICULTY ..... 3
COMPLETELY UNABLE TO DO IT ..... 4
REF ..... -7
DK ..... -8
[Code One]

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| DISPLAY `For these next questions, I would like |
| you to think about the time when (PERSON) entered |
| the institution and what (PERSON) was able to do |
| at that time.}` IF PERSON BEING ASKED ABOUT CODED |
| AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON |
| BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN |
| THE RU, USE A NULL DISPLAY. |
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HE12

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have walking up 10
steps without resting?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?
IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO

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WALK, CODE 5.

NO DIFFICULTY	1
SOME DIFFICULTY	2
A LOT OF DIFFICULTY	3
COMPLETELY UNABLE TO DO IT	4
COMPLETELY UNABLE TO WALK	5
REF	-7
DK	-8

[Code One]

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-----
| IF CODED '5' (COMPLETELY UNABLE TO WALK), |
| AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS |
| '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO |
| TO HE17 |
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| OTHERWISE, CONTINUE WITH HE13 |
|-----
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HE13

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
 {END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY	1
SOME DIFFICULTY	2
A LOT OF DIFFICULTY	3
COMPLETELY UNABLE TO DO IT	4
REF	-7
DK	-8

[Code One]

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-----
| IF CODED '4' (COMPLETELY UNABLE TO DO IT), |
| AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE |
| TO DO IT) BY CAPI, AND GO TO HE15 |
|-----
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| OTHERWISE, CONTINUE WITH HE14 |
|-----
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HE14

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
 {END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY	1
SOME DIFFICULTY	2
A LOT OF DIFFICULTY	3
COMPLETELY UNABLE TO DO IT	4
REF	-7

DK -8
[Code One]

HE15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have standing for about
20 minutes?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?
NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF -7
DK -8
[Code One]

HE16
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have bending down or
stooping from a standing position to pick up an object from
the floor or tie a shoe?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?
NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF -7
DK -8
[Code One]

HE17
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have reaching up
overhead, for example to remove something from a shelf?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?
NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF -7
DK -8
[Code One]

HE18
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have using fingers to
grasp or handle something such as picking up a glass from a
table or using a pencil to write?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?
NO DIFFICULTY ..... 1
SOME DIFFICULTY ..... 2
A LOT OF DIFFICULTY ..... 3
COMPLETELY UNABLE TO DO IT ..... 4
REF ..... -7
DK ..... -8
[Code One]

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END_LP03
=====

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-----
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND CONTINUE WITH HE19 |
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HE19
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{STR-DT}
{END-DT}
Is anyone in the family limited in any way in the ability to
work at a job, do housework, or go to school because of an
impairment or a physical or mental health problem?
YES ..... 1
NO ..... 2 {HE22}
REF ..... -7 {HE22}
DK ..... -8 {HE22}
PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.
-----
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT |
| HE20 BY CAPI AND GO TO LOOP_04 |
-----
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE20 |
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HE20
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{STR-DT}
{END-DT}
LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL
BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH
PROBLEM.
Who is that?

```

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school **because of an impairment or a physical or mental health problem?**

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
| OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC |
| SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS |
SECTION.

LOOP_04

=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE20A - END_LP04

| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
| WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM |
| FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP |
| CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING |
| CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, |
| DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON |
| SELECTED AT HE20) |
| - PERSON = OR > 5 YEARS OF AGE OR IN AGE |
CATEGORIES 3-9

BOX_04

=====

OMITTED.

HE20A

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB	1
DOING HOUSEWORK	2
GOING TO SCHOOL	3
REF	-7
DK	-8

[Code All That Apply]

HE21

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```
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{At the time (PERSON) entered the institution, was/(Are/Is)}
(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?
YES ..... 1
NO ..... 2
REF ..... -7
DK ..... -8
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-----
| DISPLAY 'At the time (PERSON) entered the |
| institution, was'. IF PERSON BEING ASKED ABOUT |
| CODED AS BEING INSTITUTIONALIZED AT END DATE. |
| DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS |
| A CURRENT RU MEMBER LIVING IN THE RU. |
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| DISPLAY 'work at a job' IF HE20A IS CODED '1' |
| (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '1', '-7', OR '-8', USE A NULL DISPLAY. |
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| DISPLAY ', ' IF HE20A IS CODED '1', '2', AND '3' OR |
| IF HE20A IS CODED EITHER '-7' OR '-8'. |
| DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER |
| '2' OR '3'. OTHERWISE, USE A NULL DISPLAY. |
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| DISPLAY ' do housework' IF HE20A IS CODED '2' |
| (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '2', '-7', OR '-8', USE A NULL DISPLAY. |
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| DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE |
| SELECTED AT HE20A OR IF CODES '1', '2', AND '3' |
| ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' |
| OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY. |
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| DISPLAY ' go to school' IF HE20A IS CODED '3' |
| (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '3', '-7', OR '-8', USE A NULL DISPLAY. |
|-----
```

END_LP04

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-----
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_04 AND CONTINUE WITH HE22 |
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HE22
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{STR-DT}
{END-DT}
Besides the limitations we just talked about, is anyone in the
family limited in participating in social, recreational or
family activities because of an impairment or a physical or
mental health problem?
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```
YES ..... 1
NO ..... 2 {HE24}
REF ..... -7 {HE24}
DK ..... -8 {HE24}
PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.
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```
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'LIMITED IN |
| PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24 |
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| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE23 |
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HE23
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```
{STR-DT}
{END-DT}
LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY
ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL
HEALTH PROBLEM.
```

Who is that?

PROBE: Is anyone else limited in participation in activities
**because of an impairment or a physical or mental health
problem?**

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
```

```
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
| OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC |
| SUPPLEMENT: SOCIAL LIMITATIONS SECTION. |
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HE24
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```
{STR-DT}
{END-DT}
```

Do any of the adults in the family...
(1= YES, 2= NO)

	YES	NO	REF	DK
HE24_01 =====				

Experience confusion or memory loss such that it interferes with daily activities?	1	2	-7	-8
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HE24_02
=====

Have problems making decisions to the point that it interferes with daily activities?	1	2	-7	-8
---	---	---	----	----

HE24_03
=====

Require supervision for their own safety?	1	2	-7	-8
--	---	---	----	----

| IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES) |
| AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS |
| 'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO |
BOX_05

| IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2' |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO |
BOX_05

OTHERWISE, CONTINUE WITH HE25

HE25
=====

{STR-DT}
{END-DT}
{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES
WITH DAILY ACTIVITIES}{{/}HAVE PROBLEMS MAKING DECISIONS TO THE
POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}REQUIRE
SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

PROBE: Does anyone else {experience confusion or memory loss
such that it interferes with daily activities} {{or }have
problems making decisions to the point that it interferes with
daily activities} {{or }require supervision for their own
safety}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |

| IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU |
| MEMBERS |

| DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH |
| THAT IT INTERFERES WITH DAILY ACTIVITIES' IF |
| HE24_01 CODED '1' (YES). |

| DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE |
| POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF |
| HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF |
| HE24_01 IS ALSO CODED '1' (YES). |

| DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN |
| SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY |
| THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |
| CODED '1' (YES). |

| DISPLAY 'experience confusion or memory loss such |
| that it interferes with daily activities' IF |
| HE24_01 CODED '1' (YES). |

| DISPLAY '{or }have problems making decisions to |
| the point that it interferes with daily |
| activities' IF HE24_02 CODED '1' (YES). DISPLAY |
| THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES). |

| DISPLAY '{or }require supervision for their own |
| safety' IF HE24_03 IS CODED '1' (YES). DISPLAY |
| 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |
| CODED '1' (YES). |

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
| SUPPLEMENT: COGNITIVE LIMITATIONS SECTION. |

BOX_05
=====

| IF ROUND 1, GO TO BOX_10 |

| IF ROUND 3 OR 5, CONTINUE WITH BOX_05A |

BOX_05A
=====

| IF ANY CURRENT RU MEMBERS (NOT DECEASED OR |
| INSTITUTIONALIZED) < OR = 15 YEARS OF AGE OR IN |
| AGE CATEGORIES 1 - 3, CONTINUE WITH HE25A |

| OTHERWISE, GO TO BOX_10 |

HE25A
=====

JAN 01 1999
DEC 31 1999

Parents use different types of child care for their children while they are working, such as a day care center or care provided by a relative.
During 1999, did any of the children living here, who are 15 years of age or younger, require child care arrangements, other than school attendance, because the child's parents were working?

YES 1
NO 2 {BOX_10}
REF -7 {BOX_10}
DK -8 {BOX_10}

HE25B
=====

JAN 01 1999
DEC 31 1999

During 1999, was this child **usually** cared for by a relative or by a non-relative?
IF NECESSARY SAY, Please consider only the care provided to the youngest child.

RELATIVE 1 {BOX_10}
NON-RELATIVE 2
REF -7 {BOX_10}
DK -8 {BOX_10}

[Code One]

HE25C
=====

JAN 01 1999
DEC 31 1999

Where was this care **usually** provided?
IF NECESSARY SAY, Please consider only the care provided to the youngest child.

CHILD'S HOME 1 {BOX_10}
OTHER PRIVATE HOME 2 {BOX_10}
NURSERY, PRESCHOOL 3 {BOX_10}
ORGANIZED (BEFORE/AFTER) SCHOOL
ACTIVITIES 4 {BOX_10}
DAY CARE CENTER, NOT AT PARENT'S
WORKPLACE 5 {BOX_10}
DAY CARE CENTER, AT PARENT'S WORKPLACE . 6 {BOX_10}
PARENT WATCHES CHILD AT WORK 7 {BOX_10}
SOME OTHER ARRANGEMENT 91 {BOX_10}
REF -7 {BOX_10}
DK -8 {BOX_10}

[Code One]

HE26
=====

{STR-DT}
{END-DT}

Does anyone in the family wear eyeglasses or contact lenses?

YES 1
NO 2 {HE28}
REF -7 {HE28}
DK -8 {HE28}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO |
TO HE28

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE27

HE27
=====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

HE28
=====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing{ [with
glasses or contacts, if they use them]}?

YES 1
NO 2 {HE33}
REF -7 {HE33}
DK -8 {HE33}

| DISPLAY '[with glasses or contacts, if they use |
| them]' IF HE26 IS CODED '1' (YES). OTHERWISE, |
USE A NULL DISPLAY.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT |
HE29 BY CAPI AND GO TO LOOP_05

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE29

HE29
=====

{STR-DT}
{END-DT}
DIFFICULTY SEEING {[WITH GLASSES OR CONTACTS, IF THEY USE THEM]}.

Who is that?

PROBE: Does anyone else have any difficulty seeing{ [with glasses or contacts, if they use them]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]

[2. First Name, [Middle Name], Last Name-65]

[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| DISPLAY '[WITH GLASSES OR CONTACTS, IF THEY USE |
| THEM]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE |
| A NULL DISPLAY. Display '[with glasses or |
| contacts, if they use them]' IF HE26 IS CODED '1' |
(YES). OTHERWISE, USE A NULL DISPLAY.

LOOP_05

=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
ASK HE30 - END_LP05

| LOOP DEFINITION: LOOP_05 COLLECTS VISION |
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY |
| SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS DIFFICULTY SEEING (I.E., PERSON |
SELECTED AT HE29)

HE30

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

{END-DT}

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

YES 1

NO 2

REF -7

DK -8

PRESS F1 FOR DEFINITION OF BLIND.

| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
SUPPLEMENT: VISION SECTION AND GO TO END_LP05

OTHERWISE, CONTINUE WITH HE31

HE31

=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With glasses or contacts, can/Can} (PERSON) see well enough to
read ordinary newspaper print, even if (PERSON) cannot read?
  YES ..... 1 {END_LP05}
  NO ..... 2
  REF ..... -7
  DK ..... -8

```

```

-----
| DISPLAY 'With glasses or contacts, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'. |
-----

```

HE32

=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With glasses or contacts, can/Can} (PERSON) see well enough to
recognize familiar people if they are two or three feet away?
  YES ..... 1
  NO ..... 2
  REF ..... -7
  DK ..... -8

```

```

-----
| DISPLAY 'With glasses or contacts, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'. |
-----

```

```

-----
| IF CODED '2' (NO), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: VISION SECTION. |
-----

```

END_LP05

=====

```

-----
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-----

```

```

-----
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH HE33 |
-----

```

HE33

=====

```

{STR-DT}
{END-DT}
Does anyone in the family wear a hearing aid?
  YES ..... 1
  NO ..... 2 {HE35}
  REF ..... -7 {HE35}
  DK ..... -8 {HE35}

```

```
-----
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO |
| TO HE35 |
-----
```

```
-----
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE34 |
-----
```

HE34
=====

{STR-DT}

{END-DT}

Who is that?

PROBE: Does anyone else wear a hearing aid?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]

[2. First Name, [Middle Name], Last Name-65]

[3. First Name, [Middle Name], Last Name-65]

```
-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
-----
```

```
-----
| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| HEARING SECTION. |
-----
```

HE35
=====

{STR-DT}

{END-DT}

Does anyone in the family have any difficulty hearing{ [with a hearing aid, if they use one]}?

YES 1

NO 2 {BOX_06}

REF -7 {BOX_06}

DK -8 {BOX_06}

```
-----
| DISPLAY '[with a hearing aid, if they use one]' |
| IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL |
| DISPLAY. |
-----
```

```
-----
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT |
| HE36 BY CAPI AND GO TO LOOP_06 |
-----
```

```
-----
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE36 |
-----
```

HE36
=====

```

{STR-DT}
{END-DT}
DIFFICULTY HEARING {[WITH A HEARING AID, IF THEY USE ONE]}.
Who is that?
PROBE: Does anyone else have any difficulty hearing{ [with a
hearing aid, if they use one]}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
-----

```

```

-----
| DISPLAY '[WITH A HEARING AID, IF THEY USE ONE]' IF |
| HE33 IS CODED '1' (YES). OTHERWISE USE A NULL |
| DISPLAY. DISPLAY '[with a hearing aid, if they |
| use one]' IF HE33 IS CODED '1' (YES). OTHERWISE, |
| USE A NULL DISPLAY. |
-----

```

LOOP_06
=====

```

-----
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE37 - END_LP06 |
-----

```

```

-----
| LOOP DEFINITION: LOOP_06 COLLECTS HEARING |
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY |
| HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON |
| SELECTED AT HE36) |
-----

```

HE37
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Can (PERSON) not hear any speech at all, that is, (are/is)
(PERSON) deaf?
    YES ..... 1
    NO ..... 2
    REF ..... -7
    DK ..... -8
        PRESS F1 FOR DEFINITION OF DEAF.

```

```

-----
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: HEARING SECTION AND GO TO END_LP06 |
-----

```

```

-----
| OTHERWISE, CONTINUE WITH HE38 |
-----

```

HE38

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With a hearing aid, can/Can} (PERSON) hear **most** of the things
people say?

YES 1 {END_LP06}
NO 2
REF -7
DK -8

| DISPLAY 'With a hearing aid, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE |
(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

HE39

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With a hearing aid, can/Can} (PERSON) hear **some** of the things
people say?

YES 1
NO 2
REF -7
DK -8

| DISPLAY 'With a hearing aid, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE |
(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

| IF CODED '2' (NO), FLAG PERSON FOR THE LTC |
SUPPLEMENT: HEARING SECTION.

END_LP06

=====

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_06 AND CONTINUE WITH BOX_06

BOX_06

=====

| IF ANY RU MEMBERS < OR = 4 YEARS OF AGE OR IN |
AGE CATEGORIES 1 OR 2, CONTINUE WITH HE40

OTHERWISE, GO TO BOX_07

HE40

=====

```

{STR-DT}
{END-DT}
The following questions are about some aspects of children's
health. We will begin with some questions for children who are
4 years old or younger.
(Is/Are) (READ NAMES FROM BELOW) limited in any way in any
activities, including play activities, because of an impairment
or a physical or mental health problem?
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
  [1. First Name, [Middle Name], Last Name-65]
  [2. First Name, [Middle Name], Last Name-65]
  [3. First Name, [Middle Name], Last Name-65]
YES ..... 1
NO ..... 2 {BOX_07}
REF ..... -7 {BOX_07}
DK ..... -8 {BOX_07}
PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

```

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF |
| AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING |
| DECEASED RU MEMBERS. |
-----

```

```

-----
| IF CODED '1' (YES) AND ONLY 1 RU MEMBER < OR = 4 |
| YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, |
| AUTOMATICALLY CODE PERSON AS '< = 4 AND LIMITED |
| ACTIVITIES' AT HE41 BY CAPI. ALSO FLAG THAT |
| PERSON FOR THE LTC SUPPLEMENT: CHILD < = 4 |
| LIMITED ACTIVITIES, AND GO TO LOOP_07 |
-----

```

```

-----
| IF CODED '1' (YES) AND MORE THAN 1 RU MEMBER < OR |
| = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, |
| CONTINUE WITH HE41 |
-----

```

HE41

=====

```

{STR-DT}
{END-DT}
LIMITED IN ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR
MENTAL HEALTH PROBLEM.
Who is that?
PROBE: Is any other child, age 4 years or younger, limited in
any activities because of an impairment or a physical or mental
health problem?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
  [1. First Name, [Middle Name], Last Name-65]
  [2. First Name, [Middle Name], Last Name-65]
  [3. First Name, [Middle Name], Last Name-65]
-----

```

```
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF |
| AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING |
| DECEASED RU MEMBERS. |
```

```
-----
| FLAG SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| CHILD < = 4 LIMITED ACTIVITIES. |
-----
```

LOOP_07
=====

```
-----
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE42 - END_LP07 |
-----
```

```
-----
| LOOP DEFINITION: LOOP_07 COLLECTS INFORMATION ON |
| PLAY ACTIVITY LIMITATIONS BECAUSE OF AN IMPAIRMENT |
| OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS |
| < OR = 4 YEARS OF AGE. THIS LOOP CYCLES ON RU |
| MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS LIMITED IN PLAY ACTIVITIES (I.E., |
| PERSON SELECTED AT HE41) |
| - PERSON < OR = 4 YEARS OF AGE OR IN AGE |
| CATEGORIES 1-2 |
-----
```

HE42
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Is (PERSON) limited in the kind or amount of play activities
(PERSON) can do because of any impairment or physical or mental
health problem?
    YES ..... 1
    NO ..... 2
    REF ..... -7
    DK ..... -8
PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.
```

HE43
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Does (PERSON)'s impairment or physical or mental health problem
keep (PERSON) from being able to take any part in the usual kind
of play activities done by most children of this age?
    YES ..... 1
    NO ..... 2
    REF ..... -7
    DK ..... -8
PRESS F1 FOR DEFINITION OF IMPAIRMENT AND LIMITED ACTIVITIES.
```

```
-----
| IF HE42 OR IF HE43 IS CODED '1' (YES), CONTINUE |
| WITH HE44 |
```


OTHERWISE, GO TO END_LP07

HE44
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Does (PERSON) participate in any special program or receive
any early intervention services aimed at improving (PERSON)'s
ability to participate in play activities?
YES, SPECIAL PROGRAM 1 {END_LP07}
YES, EARLY INTERVENTION SERVICES 2 {END_LP07}
YES, BOTH 3 {END_LP07}
NO 4 {END_LP07}
OTHER 91
REF -7 {END_LP07}
DK -8 {END_LP07}
PRESS F1 FOR DEFINITION OF INTERVENTION SERVICES AND
IMPROVING ABILITIES.
[Code One]

HE440V
=====

ENTER OTHER:
[Enter Other Specify]
REF -7
DK -8

END_LP07
=====

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_07 AND CONTINUE WITH BOX_07

BOX_07
=====

| IF ANY RU MEMBERS < OR = 6 YEARS OF AGE OR IN AGE |
CATEGORIES 1-3, CONTINUE WITH LOOP_08

OTHERWISE, GO TO BOX_08

LOOP_08
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE45 - END_LP08

```

-----
| LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON |
| IMMUNIZATIONS FOR PERSONS < OR = 6 YEARS OF AGE. |
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
| FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON < OR = 6 YEARS OF AGE OR IN AGE |
| CATEGORIES 1-3 |
-----

```

HE45
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{The following questions are about some aspects of
children's health.}
Has (PERSON) ever been immunized for certain diseases, that is,
received any shots or drops to prevent the following diseases:
Diphtheria, whooping cough and tetanus [DPT or DTP shots]?
  YES ..... 1
  NO ..... 2 {HE47}
  REF ..... -7 {HE47}
  DK ..... -8 {HE47}
-----
| DISPLAY 'The following questions are about some |
| aspects of children's health.' IF HE40 WAS NOT |
| ASKED. OTHERWISE, USE A NULL DISPLAY. |
-----

```

HE46
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Was this once or several times?
PROBE: Was (PERSON) immunized for diphtheria, whooping cough
and tetanus [DPT or DTP] once or several times?
  ONCE ..... 1
  SEVERAL TIMES ..... 2
  REF ..... -7
  DK ..... -8
                    [Code One]

```

HE47
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Polio [drops by mouth]?
PROBE: Has (PERSON) ever been immunized for polio, that is,
received any shots or drops to prevent this disease?
  YES ..... 1
  NO ..... 2 {HE49}
  REF ..... -7 {HE49}
  DK ..... -8 {HE49}

```

HE48
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

```

```

{END-DT}
Was this once or several times?
PROBE: Was (PERSON) immunized for polio once or several times?
ONCE ..... 1
SEVERAL TIMES ..... 2
REF ..... -7
DK ..... -8
[Code One]

```

HE49
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Measles or MMR [Measles, Mumps, Rubella or German Measles]?
PROBE: Has (PERSON) ever been immunized for measles or MMR
[Measles, Mumps, Rubella or German Measles], that is, received
any shots or drops to prevent these diseases?
YES ..... 1
NO ..... 2
REF ..... -7
DK ..... -8

```

HE49A
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Hepatitis B?
PROBE: Has (PERSON) ever been immunized for hepatitis B, that
is, received any shots or drops to prevent this disease?
YES ..... 1
NO ..... 2
REF ..... -7
DK ..... -8

```

END_LP08
=====

```

-----
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-----
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_08 |
-----

```

BOX_08
=====

```

-----
| IF ANY RU MEMBERS AGED 5 - 17 YEARS, INCLUSIVE, OR |
| IN AGE CATEGORY 3, CONTINUE WITH LOOP_09 |
-----
| OTHERWISE, GO TO BOX_09 |
-----

```

LOOP_09
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE50 - END_LP09

| LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ON |
| ACTIVITIES, LIMITATIONS, AND SPECIAL PROGRAMS FOR |
| PERSONS 5-17 YEARS OF AGE, INCLUSIVE. THIS LOOP |
| CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING |
| CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE |
CATEGORY 3

HE50

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

SHOW CARD HE-2.

{The following questions are about some aspects of
children's health.}

In this series of questions, please rate (PERSON) on a scale of
0 to 4 where 0 indicates no problem and 4 indicates a very big
problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no
problem and 4 indicates a very big problem, how much of a
problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

HE50_01.	a. Getting along with mother?	()
HE50_02.	b. Getting along with father?	()
HE50_03.	c. Feeling unhappy or sad?	()
HE50_04.	d. (His/Her) behavior at school?	()
HE50_05.	e. Having fun?	()
HE50_06.	f. Getting along with other adults?	()
HE50_07.	g. Feeling nervous or afraid?	()
HE50_08.	h. Getting along with brothers and sisters?	()
HE50_09.	i. Getting along with other kids?	()
HE50_10.	j. Getting involved in activities like sports or hobbies?	()
HE50_11.	k. (His/Her) schoolwork?	()
HE50_12.	l. (His/Her) behavior at home?	()
HE50_13.	m. Staying out of trouble?	()

| DISPLAY 'The following questions are about some |
| aspects of children's health.' IF HE40 AND HE45 |
WERE NOT ASKED.

| ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE |
| TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL |
| THE ANSWER CATEGORIES ARE: |
| |

| 0 = NO PROBLEM |
| 1 = LITTLE PROBLEM |
| 2 = MEDIUM PROBLEM |
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| 3 = BIG PROBLEM |
| 4 = VERY BIG PROBLEM |
| -7 = REF |
| -8 = DK |
| 99 = INAPPLICABLE |
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| NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS |
| IN CAPI. THE FIRST SCREEN (HE50A) WILL CONTAIN |
| THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED |
| BELOW: |
| - THE SHOW CARD LINE |
| - THE FILL: {The following...} |
| - THE FIRST TWO BLOCKS TEXT |
| - THE INTERVIEWER INSTRUCTION: 'CODE 99...' |
| - HE50_01 (a.) THROUGH HE50_08 (h.) DISPLAYED IN |
| TWO COLUMNS, WITH HE50_01, HE50_02, HE50_03, |
| HE50_04 IN THE FIRST COLUMN AND HE50_05, |
| HE50_06, HE50_07, AND HE50_08 IN THE SECOND |
| COLUMN |
| |
| THE SECOND SCREEN (HE50B) WILL CONTAIN THE |
| FOLLOWING PARTS OF THE QUESTION AS SPECIFIED |
| BELOW: |
| - THE SHOW CARD LINE |
| - THE PROBE |
| - THE INTERVIEWER INSTRUCTION: 'CODE 99...' |
| - HE50_09 (i.) THROUGH HE50_13 (m.) DISPLAYED IN |
| TWO COLUMNS, WITH HE50_09 AND HE50_10 IN THE |
| FIRST COLUMN AND HE50_11, HE50_12, AND HE50_13 |
| IN THE SECOND COLUMN |
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HE51
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Does (PERSON) have an impairment or a physical or mental health
problem which limits (PERSON)'s school attendance or which
requires a special school program?
YES ..... 1
NO ..... 2 {HE54}
REF ..... -7 {HE54}
DK ..... -8 {HE54}
PRESS F1 FOR DEFINITION OF IMPAIRMENT, LIMITED
ATTENDANCE, AND SPECIAL SCHOOL PROGRAM.
-----
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION. |
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HE52
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Is (PERSON) enrolled in any type of special education or does
(PERSON) receive related services aimed at improving (PERSON)'s

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ability to participate in school or recreational activities?

- YES, ENROLLED IN SPECIAL EDUCATION 1 {HE52A}
- YES, RELATED SERVICES 2 {HE52B}
- YES, BOTH 3 {HE52A}
- NO 4 {HE53}
- OTHER 91
- REF -7 {HE53}
- DK -8 {HE53}

PRESS F1 FOR DEFINITION OF SPECIAL EDUCATION AND IMPROVING ABILITIES.

[Code One]

HE52OV

=====

ENTER OTHER:

- [Enter Other Specify] {HE53}
- REF -7 {HE53}
- DK -8 {HE53}

HE52A

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Can you please tell me the name of this program or give me a description of what type of program this is?

- [Enter Text]
- REF -7
- DK -8

 | IF HE52 IS CODED '3' (YES, BOTH), CONTINUE WITH |
HE52B

OTHERWISE, GO TO HE53

HE52B

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

What are the types of other related services?

CODE ALL THAT APPLY.

- SPEECH THERAPY 1
- PSYCHOLOGICAL COUNSELING 2
- OCCUPATIONAL THERAPY 3
- VOCATIONAL SERVICES 4
- TUTORING 5
- READER OR INTERPRETER 6
- PHYSICAL THERAPY/MOBILITY TRAINING 7
- LIFE SKILLS TRAINING/SELF-HELP TRAINING ... 8
- FAMILY TRAINING/COUNSELING 9
- THERAPEUTIC RECREATION 10
- OTHER 91
- REF -7
- DK -8

[Code All That Apply]

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| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HE52BOV |
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| OTHERWISE, GO TO HE53 |
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HE52BOV
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ENTER OTHER:
  [Enter Other Specify] .....
  REF ..... -7
  DK ..... -8

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HE53
=====

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Is (PERSON) limited in attendance or unable to attend school
because of (PERSON)'s impairment or physical or mental health
problem?
  LIMITED IN ATTENDANCE ..... 1
  UNABLE TO ATTEND ..... 2
  NEITHER ..... 3
  REF ..... -7
  DK ..... -8
                                [Code One]
PRESS F1 FOR DEFINITION OF LIMITED ATTENDANCE AND IMPAIRMENT.

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HE54
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Is (PERSON) limited in any way in activities other than school
because of an impairment or a physical or mental health problem?
  YES ..... 1
  NO ..... 2 {END_LP09}
  REF ..... -7 {END_LP09}
  DK ..... -8 {END_LP09}
PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

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HE54OV
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What type of limitation is that?
  [Enter Text] .....
  REF ..... -7
  DK ..... -8

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END_LP09
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| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND CONTINUE WITH BOX_09 |

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BOX_09
=====

| IF ANY RU MEMBERS AGED 0 - 17 YEARS, INCLUSIVE, OR |
IN AGE CATEGORIES 1-3, CONTINUE WITH LOOP_10

OTHERWISE, GO TO BOX_10

LOOP_10
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE55 - END_LP10

| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ON |
| THE GENERAL HEALTH STATUS FOR PERSONS 0-17 YEARS |
| OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS |
| WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS AGED 0-17 YEARS, INCLUSIVE, OR IN AGE |
CATEGORIES 1-3

HE55
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-3.
{The following are statements that give us an indication of
children's general health status.}
Please indicate how true or false the statements are for
(PERSON).
PROBE: Is that statement definitely false, mostly false,
mostly true, or definitely true.
1 = DEFINITELY FALSE 3 = MOSTLY TRUE
2 = MOSTLY FALSE 4 = DEFINITELY TRUE

HE55_01
=====

(PERSON) seems to resist illness very well. ()

HE55_02
=====

(PERSON) seems to be less healthy than other
children of (PERSON)'s age that I know. ()

HE55_03
=====

When there is something going around, (PERSON)
seems to catch it. ()

| DISPLAY 'The following....status.' IF FIRST CYCLE |
THROUGH LOOP_10. OTHERWISE, USE A NULL DISPLAY.

HE56

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
About how tall is (PERSON) without shoes?
PROBE FOR INCHES IF NOT REPORTED.

HE56_01

=====

ENTER FEET:
[Enter Feet]
REF -7 {HE57}
DK -8 {HE57}

| SOFT RANGE CHECK: 0 TO 7 |

HE56_02

=====

ENTER INCHES:
[Enter Inches]
REF -7
DK -8

| SOFT RANGE CHECK: 0-12 (INCLUDING 1/4, 1/2, AND |
| 3/4 UNITS) |

| EDIT: IF FEET (HE56_01) = 0, INCHES (HE56_02) |
| MUST BE 1-30. IF FEET (HE56_01) > 0, INCHES |
| (HE56_02) MUST BE 0-12. |

HE57

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
About how much does (PERSON) weigh without shoes?
PROBE FOR OUNCES IF NOT REPORTED.

HE57_01

=====

ENTER POUNDS:
[Enter Pounds]
REF -7 {END_LP10}
DK -8 {END_LP10}

| SOFT RANGE CHECK: 1 TO 300 |

HE57_02

=====

ENTER OUNCES:
[Enter Ounces]
REF -7
DK -8

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|  SOFT RANGE CHECK:  0-15  |
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|  EDIT:  IF POUNDS (HE57_01) = 0, THEN OUNCES MUST  |
|  BE 1-16.  |
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END_LP10
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|  CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO  |
|  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
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|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,  |
|  END LOOP_10 AND CONTINUE WITH BOX_10  |
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BOX_10
=====

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|  GO TO NEXT QUESTIONNAIRE SECTION  |
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